



Overview

The Hospital Quality Alliance: Improving Care Through Information (HQA) is a public-private collaboration to improve the quality of care provided by the nation's hospitals by measuring and publicly reporting on that care.

This collaboration includes the Centers for Medicare & Medicaid Services (CMS), the American Hospital Association, the Federation of American Hospitals, and the Association of American Medical Colleges, and is supported by other organizations such as the Agency for Healthcare Research Quality, the National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, American Medical Association, American Nurses Association, National Association of Children's Hospitals and Related Institutions, Consumer-Purchaser Disclosure Project, AFL-CIO and AARP. The goal of the program is to identify a robust set of standardized and easy-to-understand hospital quality measures. An important element of the collaboration, *Hospital Compare*, a new Web site/Web tool developed to publicly report credible and user-friendly information about the quality of care delivered in the nation's hospitals, debuted on April 1, 2005 at www.hospitalcompare.hhs.gov and www.medicare.gov.

The twenty measures currently reported on *Hospital Compare* (see chart) include ten "starter" measures, and additional measures that many hospitals have also voluntarily reported. The measures reflect recommended treatments for three conditions—heart attack, heart failure and pneumonia and surgical infection prevention. The twenty hospital quality measures on *Hospital Compare* have gone through years of extensive testing for validity and reliability by CMS and its Quality Improvement Organizations (QIOs), the Joint Commission on Accreditation of Healthcare Organizations, the HQA and researchers. The hospital quality measures are also endorsed by the National Quality Forum, a national standards setting entity.

These measures were chosen because they are related to three serious medical conditions and patient safety and are those measures that hospitals are easily able to submit for public reporting. Both JCAHO and CMS provide their own processes to submit data and use data edit procedures to check data for completeness and accuracy.

The ultimate goal is for this set of measures to be reported by all hospitals, and accepted by all purchasers, oversight and accrediting entities, payers and providers. In the future, additional quality measures will be added to *Hospital Compare*.

Consumer Information on Quality of Care

The HQA partners are conducting an integrated communications campaign to encourage consumers and their physicians to discuss and make informed decisions on how to get the best

hospital care. They encourage patients to access the hospital quality information on www.hospitalcompare.hhs.gov.

Collaboration and Partnership

This initiative reflects a collaborative effort with hospitals and their associations, physicians, other clinicians, federal and state agencies, QIOs, independent health care quality organizations, private purchasers and consumer advocates. It is designed to improve communication among all parties to positively impact quality of care. By collaborating to expand knowledge and resources, all partners can achieve greater and immediate improvements in the quality of hospital care.

Hospital Quality Measures	
Measure	Condition
Aspirin at arrival	Acute Myocardial Infarction (AMI)/Heart attack
Aspirin at discharge	
Beta-Blocker at arrival	
Beta-Blocker at discharge	
ACE Inhibitor for left ventricular systolic dysfunction	
Smoking cessation	
Thrombolytic agent received within 30 minutes of hospital arrival	
PCI received within 120 minutes of hospital arrival	Heart Failure
Left ventricular function assessment	
ACE inhibitor for left ventricular systolic dysfunction	
Comprehensive discharge instructions	
Smoking cessation	Pneumonia
Initial antibiotic received within 4 hours of hospital arrival	
Pneumococcal vaccination status	
Blood culture performed before first antibiotic received	
Smoking cessation	
Oxygenation assessment	
Appropriate initial antibiotic selection	Surgical Infection Prevention
Prophylactic antibiotic received within 1 hour prior to surgical incision	
Prophylactic antibiotic discontinued within 24 hours after to surgical incision	